



PTO/SB/06 (08-00)

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## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL I	OR	OTHER THAN SMALL ENTITY		
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
	SIC FEE CFR 1.16(a))	A	* 1.2				s	OR	144	s <u>740</u>
	AL CLAIMS FR 1.16(c))	1	13 minus 20 =		* 0		•	OR	x \$ [ 8 =	0
	PENDENT CLA	IMS	minus 3 =		l	x=		OR	× <u>84</u> =	84
мU	LTIPLE DEPEN	DENT CLAIM PR	ESENT (37	CFR 1.16(d))	0	+=		OR	+ 580 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2						TOTAL		OR	TOTAL	824.4
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDM	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =		OR	x \$=	
E	Independent	*	Minus	***	=			OR	x =	
₹	(37 CFR 1.16(b))	<del></del>	<u> </u>		<u> </u>	×		OR	<u>* — – </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	+=	
	(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ĮΩį	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
MEN	Independent	*	Minus	***	=	x=		OR	x=	
٧	FIRST PRES	ENTATION OF N	IULTIPLE DEI	PENDENT CLAIM	(37 CFR 1.16(d))			OR	+=	:
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR <sub>A</sub>	TOTAL DDIT. FEE	
AMENDMENT C	ens 1 Mars	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						•	OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".								OR	TOTAL ADDIT. FEE	

\*\*• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

HARRIS 1-1

		CLAIMS AS	S FILED - PART I			SM		MALL EN	ITITY		OTHER THAN		
		·	(Column	1)	(Colu	mn 2)		YPE		OR	SMALL		
TOTAL CLAIMS			13				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		· 4			X\$ 9=		OR	X\$18=		
	EPENDENT CL	-	√ minus 3 =		* /			X42=		OR	X84=	84	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	olumn 2	•	TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II										<del></del>	OTHER	THAN	
		(Column 1)		(Column 2) (Column 3)			_	SMALL E	ENTITY	OR SMALL EN		ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	*****	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus			=		X42=		OR	X84=		
<u> </u>	FIRST PRESE	MIATION OF W	OLTIPLE DE	PENDEN	CLAIIVI			+140=		OR	+280=		
							L	TOTAL		OR	TOTAL		
		(0-14)		/O.a.l.	O\	(Cal.,	A	DDIT. FEE			ADDIT. FEE		
		(Column 1)		_	mn 2) HEST	(Column 3)	lr		ADDI		<u> </u>	ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=		OR	X84=		
<u>L</u>	FIRST PRESE	INTATION OF W	OLTIPLE DEI	PENDEN	CLAIN		' [	+140=		OR	+280=		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)				-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus .	***	T CL AINA	=		X42=		OR	X84=		
╠	FIRST PRESE	ENTATION OF M	ULTIPLE DEPENDENT		I CLAIM	CLAIM		+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													